PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (6atomn\_1) NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-AMENDMENT AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X \$ OR Minus X \$ X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** AMENDMENT TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-AMENDMENT **EXTRA** AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR

TOTAL

ADD'L FEE

TOTAL

ADD'L FEE

OR

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI	ENTITY	OR	OTHER THAN		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE			a Leanne Lean	*******						380.00	OR		760.00	
TOTAL CLAIMS			5) minus 20=			* 3\			X\$ 9=		OR	X\$18=	558	
INE	DEPENDENT CI	LAIMS	/ minus 3 = *			*		ſ	X39=		OR	X78=	18	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	260	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1652		
CLAIMS AS AMENDED - PART II								OTHER THAN						
	$\mathcal{Q}$		lumn 1) Laims			olumn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENOMENT A		REN A	MAINING IFTER NOMENT		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* (	21	Minus	**	<i>51</i>	Ξ	-	X\$ 9=		OR	X\$18=		
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Ľ	FIRST PRESE	NTATI	ON OF M	JLTIPLE DEI	PEND	ENT CLAIM		Ī	+130=		OR	+260=		
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		(Co	lumn 1)		(C	olumn 2)	(Column 3)	A	DDIT. FEE			MUUII. FEE		
AMENDMENT B		REA A	LAIMS MAINING FTER NDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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E			umn 1)	n : · · · · · · · · · · · · · · · · · ·		olumn 2)	(Column 3)		JD11.1 CC	,		-DD11.1 EE	ś	
AMENDMENT &		REM A	AIMS IAINING FTER NOMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	7	Minus	Ark	20	• —		X\$ 9=		OR	X\$18=		
	Independent	*	<u>/</u>	Minus	***	J SAFE CLASS	=	r	X39=		OR	X78≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20."											TOTAL		
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Application or Docket Number